

IOWA DEPARTMENT OF

INSPECTIONS & APPEALS

COVID-19

FREQUENTLY ASKED QUESTIONS FOR
HEALTH FACILITIES

Updated 08/03/20

How to use these FAQs

This document is designed to provide answers to the frequently asked questions relating to health facilities. As questions are received and answered, they will be added to the appropriate section of the document, and the date of revision/update will be included following the answer.

Looking for waiver information for health facilities? Please refer to the Health Facility Waivers document on the department's [COVID-19 website](#).

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General Information

GEN 1 – WILL COVID-19 INFORMATION BE POSTED ON THE HEALTH FACILITIES DIVISION WEBSITE?

No. Updated guidance related to the COVID-19 pandemic will be maintained on the department's [COVID-19 webpage](#). Health facilities division information not related to the COVID-19 pandemic will be maintained on their [website](#). (04/06/20)

GEN 2 – WILL DIA CONDUCT ANNUAL SURVEYS OF FACILITIES DURING THE COVID-19 PANDEMIC?

DIA and IDPH have issued [Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities](#). Survey activity for long-term care facilities is outlined for facilities in phases one, two, and three. For non-long-term care facilities (hospitals, residential care facilities, assisted living facilities, home health agencies, hospice programs, intermediate care facilities for individuals with intellectual disabilities, elder group homes, and facilities for caring for children) DIA will adopt the survey activity as outlined in the previously mentioned document on phased easing of restrictions in LTC facilities. (07/27/20)

GEN 3 – WHO DO I CONTACT IF OUR FACILITY HAS A POSITIVE CASE OF COVID-19?

Iowa Department of Public Health. (06/01/20)

GEN 4 – CAN A FACILITY DISCHARGE A RESIDENT FOR NON-PAYMENT DURING THE COVID-19 PANDEMIC?

No. Governor Reynolds' July 24, 2020, proclamation prevents residential care facilities or nursing homes from involuntarily discharging or transferring a resident for nonpayment. All other provisions allowing involuntary discharge or emergency involuntary discharge remain in effect. (07/24/20)

GEN 5 – ARE ENFORCEMENT ACTIONS SUSPENDED, UNTIL REVISITS ARE AGAIN AUTHORIZED?

All non-compliance cited on surveys will be subject to normal enforcement as specified in the [State Operations Manual](#). (06/01/20)

GEN 6 – IS THERE INFORMATION RELATED TO PERSONAL PROTECTIVE EQUIPMENT (PPE)?

Yes. Several sources have published PPE information:

- CDC – [Strategies to optimize the supply of PPE](#). (04/06/20)
- CDC – [How to don and remove PPE](#). (04/06/20)
- IDPH – [PPE Guidance](#). (04/06/20)

Screening

SCRN 1 – SHOULD WE SCREEN OUR STAFF AND HOW SHOULD WE DO IT?

Gov. Reynolds, in conjunction with the Iowa Department of Public Health, ordered all hospitals, nursing homes, intermediate care facilities, residential care facilities, hospice programs, and assisted living programs to do the following prior to each staff member's shift:

- Screen staff for:
 - Fever (take employee's temperature)
 - Respiratory symptoms
 - Shortness of breath
 - New or change in cough
 - Sore throat

The Centers for Medicare and Medicaid Services (CMS) has provided additional guidance: Identify staff who work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19. The Centers for Disease Control and Prevention (CDC) have also provided additional [guidance](#). (04/06/20)

SCRN 2 – HOW SHOULD WE SCREEN OUR RESIDENTS AND PROTECT THEM FROM COVID-19?

CMS and CDC have provided the following guidance:

- Cancel communal dining and all group activities.
- Implement active screening of residents for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.
- Create a plan for cohorting residents with symptoms of respiratory infection, including dedicating personnel to work only in affected units.
- Encourage residents to remain in their room. If there are cases in the facility of COVID-19, restrict residents (to the extent possible) to their rooms except for medically-necessary purposes. If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet from others). (04/06/20)

Visitation

VIS 1 – SHOULD FACILITIES RESTRICT VISITATION?

Yes. The [Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities](#) outlines the type of visitations allowed for each phase. (07/27/20)

VIS 2 – ARE VISITORS WHO ARE SICK ALLOWED IN A FACILITY FOR AN END-OF-LIFE SITUATION?

No. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). (04/06/20)

VIS 3 – HOW DOES A FACILITY FACILITATE AN END-OF-LIFE VISITATION?

Use precaution, screen, isolate the visitor, and limit their exposure in the facility and to other residents. CMS [memorandum QSO-20-14-NH](#) provides further guidance on this situation. Visitors should be limited to a specific room only. Decisions about visitation during an end-of-life situation should be made on a case-by-case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Facilities should require visitors to perform proper hand hygiene and use personal protective equipment (PPE), such as face masks. (04/06/20)

VIS 4 – WHAT SHOULD FACILITIES DO FOR RESIDENTS REGARDING VISITATION IF THE RESIDENT IS NOT FACING AN END-OF-LIFE SITUATION?

Communicate the visitor policy to residents and family. Facilities should communicate through multiple means to inform individuals and nonessential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for incoming calls. Facilities should communicate which phase they are in, whether or not they have regressed in their phases, and if they are taking a more restricted approach than the IDPH/DIA guidance, which is allowed. (07/27/20)

VIS 5 – MY FAMILY MEMBER LIVES IN A NURSING HOME. I WANT TO BE ABLE TO VISIT THEM OUTSIDE THEIR WINDOW AND WILL REMAIN AT LEAST SIX FEET AWAY. DOES THE NURSING HOME HAVE TO ALLOW THIS?

While this is an allowable practice, during the time of the national emergency each nursing home may set visitation policies that best protect the facility's residents. The nursing facility policy will determine whether this type of visit is allowed. Facilities are encouraged and expected to explore alternative methods to ensure each resident has access to desired visitation from friends and family. Communication by telephone and via electronic means such as video chat, text messaging, etc. are encouraged where feasible. (04/14/20)

VIS 6 – WHAT ARE THE OPTIONS AVAILABLE FOR VISITATION IN A NURSING HOME WHEN THE NURSING HOME DOES NOT HAVE ENOUGH ADAPTIVE COMMUNICATIVE TECHNOLOGIES TO ALLOW ALL RESIDENTS TO HAVE ASSISTED VISITS VIA TECHNOLOGY?

The Centers for Medicare & Medicaid Services (CMS) has made available a special expedited funding opportunity to enable nursing homes to purchase adaptive communicative technologies (e.g. iPads, speaker phones, tablet computers, etc.). See the [linked documents](#) for detailed information. (04/30/20)

Focused Infection-Control Surveys

ICS 1 – WHAT TYPES OF SURVEYS WILL DIA CONDUCT DURING THE COVID-19 PANDEMIC?

For long-term care facilities, DIA outlined its survey activity in the [Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities](#) updated June 30, 2020. For non-long-term care facilities, DIA will mirror its survey priorities with the LTC priorities. (07/27/20)

ICS 2 – WHAT IS “IMMEDIATE JEOPARDY”?

It is a term CMS describes the most serious of allegations against a facility, where “the provider’s noncompliance with one or more requirements...has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.” (04/06/20)

ICS 3 – WILL THE FOCUSED INFECTION-CONTROL SURVEYS OCCUR REMOTELY OR ONSITE?

UPDATE: DIA has completed initial infection-control surveys for all long-term care facilities. DIA will conduct infection-control surveys at facilities with outbreaks or suspected cases in compliance with CMS guidance and the [Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities](#). (07/27/20)

ICS 4 – HOW MANY SURVEYORS WILL CONDUCT A FOCUSED INFECTION-CONTROL SURVEY AND HOW LONG WILL THE SURVEY TAKE?

One to two surveyors will conduct the focused infection-control surveys, and DIA anticipates that the surveys will each take 10-15 hours. (04/06/20)

ICS 5 – WHAT IS INVOLVED IN A FOCUSED INFECTION-CONTROL SURVEY?

CMS has created a [checklist](#) for the focused infection-control surveys. Additionally, CMS has produced a [training video](#) for surveyors, and has made this available to the public. (04/06/20)

ICS 6 – OUR FACILITY IS SHORT-STAFFED AND FACING WORKLOAD ISSUES. DO WE HAVE TO COMPLY WITH THE FOCUSED INFECTION-CONTROL DOCUMENT REQUEST?

Yes. It is reasonable during these times that facilities are short on time, resources, and staff. A focused infection-control survey should take surveyors 10-15 hours to complete. The faster a facility complies with the document request, the faster the surveyor will complete the survey and exit. If a facility is facing an issue with being able to comply with the timeline provided by a surveyor, they should communicate their situation with the surveyor and work directly with them in being able to comply with the narrow survey request. (04/06/20)

UPDATE: Facilities should continue to work with its surveyors, however, surveys will primarily be completed onsite. (07/27/20)

ICS 7 – IF A PROVIDER HAS NOT HAD INFECTION-CONTROL DEFICIENCIES IN THE PAST, WILL DIA CONDUCT AN INFECTION-CONTROL SURVEY FOR THAT PROVIDER AT THIS TIME?

Yes. CMS has directed DIA to prioritize infection-control surveys for all long-term care facilities. Facilities other than long-term care will also receive an infection-control survey. (06/01/20) CMS and DIA urge all providers to conduct their own infection-control surveys. The [training video is available here](#). (04/06/20)

ICS 8 – WILL IMMEDIATE JEOPARDY SURVEYS BE CONDUCTED IN PERSON?

Yes. DIA has received a limited amount of PPE and may enter a facility for an in-person immediate jeopardy survey. DIA will comply with CDC, IDPH, and CMS guidelines upon entering a facility in order to ensure resident, staff, and surveyor health and safety. (04/06/20)

ICS 9 – WILL A DIA SURVEYOR HAVE THEIR OWN PPE OR WILL THE FACILITY HAVE TO SUPPLY THE SURVEYOR WITH PPE?

Yes. DIA surveyors have their own PPE and will comply with CDC, IDPH, and CMS guidelines upon entering a facility in order to ensure resident, staff, and surveyor health and safety. (06/01/20)

ICS 10 – IF A FACILITY HAD A REMOTE INFECTION-CONTROL SURVEY, WILL THERE BE AN ONSITE PORTION?

CMS requires infection-control surveys to be completed onsite. The onsite portion includes: resident care observations (hand hygiene practices, proper use of PPE, cleansing medical equipment, effective transmission-based precautions), environmental observations (signage, screening, hand hygiene stations) and any additional interviews on policy, procedure, or surveillance that has not yet occurred remotely or cannot occur remotely. DIA will complete the onsite portion for long-term care facilities at this time. DIA completed all LTC infection-control surveys (including onsite follow-ups) in July 2020, in accordance with CMS guidance. (08/03/20)

ICS 11 – HOW LONG WILL THE ONSITE INFECTION-CONTROL SURVEY TAKE?

An onsite survey, on average, should be completed within one to two days. (08/03/20)

ICS 12 – HOW MANY SURVEYORS WILL CONDUCT AN ON-SITE INFECTION-CONTROL SURVEY?

One to two surveyors will be onsite for the infection-control survey. (06/01/20)

ICS 13 – WILL DIA SURVEYORS HAVE THEIR OWN PPE?

Yes. DIA surveyors conducting onsite complaint/incident surveys or the onsite portion of the infection-control surveys at long-term care facilities will wear PPE in accordance with CDC, CMS, and IDPH guidelines. (06/01/20)

ICS 14 – HOW MANY INFECTION-CONTROL SURVEYS HAS DIA CONDUCTED?

DIA completed initial infection-control surveys for all 431 long-term care facilities prior to the CMS deadline of July 31, 2020. Please visit the [HFD database](#) to review survey results. (07/27/20)

ICS 15 – WILL A FACILITY BE SUBJECT TO MORE THAN ONE INFECTION-CONTROL SURVEY?

It is possible that a facility will undergo more than one infection-control survey. As identified in [QSO-20-31](#), facilities experiencing outbreaks of COVID-19 will be subject to additional infection-control surveys. Additionally, when DIA conducts an onsite survey for any reason, if it has been more than 30 days since the prior infection-control survey, another infection-control survey will be conducted. Also, beginning Oct. 1, 2020, DIA will conduct infection-control surveys in at least 20 percent of long-term care facilities (see [QSO-20-31](#)). (07/27/20)

Complaints

CMP 1 – WHAT HAPPENS IF DIA RECEIVES A NON-IJ COMPLAINT?

CMS has allowed DIA to expand its complaint investigation in compliance with its [phased reopening guidance for long-term care facilities](#). DIA will investigate the complaints in accordance with the appropriate phase the facility is in. (07/27/20)

CMP 2 – CAN INDIVIDUALS STILL FILE A COMPLAINT WITH DIA AND SHOULD A FACILITY STILL CONTINUE WITH SELF-REPORT GUIDELINES?

Yes. If individuals still have complaints regarding a regulated facility, they may continue to call DIA at 1-877-686-0027 or send an email to hfd_complaint@dia.iowa.gov and DIA will act according to the [directives](#) provided by CMS. Additionally, facilities should continue to comply with all self-reporting requirements during this time as well. (04/06/20)

Certified Nursing Assistants

CNA 1 – CAN A CERTIFIED NURSING ASSISTANT (CNA) WHO HAS TAKEN AND PASSED THE 75-HOUR NURSE AIDE COURSE AND HAS WORKED AS CNA IN THE PAST (BUT HAS FALLEN OFF THE DIRECT CARE WORKER REGISTRY) RETURN TO WORK AS A CNA IN A LONG-TERM CARE FACILITY UNDER THE WAIVER?

Yes. The CNA may work in the nurse aide capacity in a long-term care facility until the waiver of 42 CFR 483.35(d) expires, at which time the nurse aide will be required to complete a new training and competency evaluation program (testing), or a new competency evaluation program pursuant to 42 CFR 483.35(d)(6). A CNA does not need to be active on the registry to work at a facility that is not a long-term care facility (hospital, hospice, home health care, etc.). (04/06/20)

CNA 2 – CAN A NURSE AIDE WHO HAS TAKEN THE STATE-APPROVED 75-HOUR CNA CLASS, BUT HAS NOT HAD THE OPPORTUNITY TO TEST BECAUSE OF THE COVID-19 PANDEMIC, WORK PAST THE 4-MONTH PERIOD?

Yes, the nurse aide may continue to work in the nurse aide capacity until the COVID 19 crisis has ended and testing is again available. Once testing becomes available, the nurse aide must complete the testing requirement. (04/06/20)

CNA 3 – CAN A FACILITY HIRE A PERSON WITH NO CNA TRAINING OR EXPERIENCE AND TRAIN THEM TO THE CNA POSITION ON THE JOB, HAVE AN RN DEEM THEM COMPETENT AND WORK UNTIL THE COVID CRISIS HAS PASSED, THEN HAVE THEM TAKE THE STATE APPROVED 75-HOUR CNA CLASS?

During the duration of the waiver, a facility may employ an individual in the nurse aide capacity for longer than four months as long as the individual is competent to provide nursing and nursing related services pursuant to 42 CFR 483.35(d)(1)(i). The facility must ensure the individual is able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care pursuant to 42 CFR 483.35(c). (04/06/20)

CNA 4 – DOES DIA RECOGNIZE THE AMERICAN HEALTHCARE ASSOCIATION’S ONLINE TEMPORARY NURSE AIDE TRAINING COURSE?

Yes. A State agency may approve the use of temporary nurse aides as well as a temporary nurse aide-training program that it deems fit to assure continued resident health and safety. DIA has approved [American Health Care Association’s temporary nurse aide online training](#). The hiring facility remains responsible for assuring the individual is competent to provide nursing and nursing-related services pursuant to 42 CFR 483.35(d)(1)(i). The facility must ensure the individual is able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments and described in the plan of care pursuant to 42 CFR 483.35(c). (04/06/20)

CNA 5 – ARE CNA STUDENTS CONSIDERED ESSENTIAL HEALTH CARE PERSONNEL FOR THE PURPOSE OF ALLOWING THEM INTO NURSING FACILITIES TO COMPLETE THEIR REQUIRED CLINICAL EXPERIENCE?

While it is up to the individual nursing facility to determine whether to allow CNA students onsite, CNA students are considered essential health care personnel for this purpose if the nursing facility allows it. CNA students must be subject to the same screening protocols as regular employees of the nursing facility (including symptom screening and contact history screening). CNA students are also subject to the same requirements for the use of personal protective equipment as the nursing facility’s regular employees. (07/27/20)

Long Term Care

LTC 1 – WHERE CAN I GO FOR COVID-19 INFORMATION SPECIFICALLY RELATED TO LONG-TERM CARE OUTSIDE OF DIA?

There is a lot of information available to facilities regarding long-term care, including frequent webinars on the Iowa Department of Public Health’s website. Additional resources include:

- [Iowa Department of Public Health](#)
- [Centers for Disease Control and Prevention](#)
- [Centers for Medicare and Medicaid Services](#) (04/06/20)

LTC 2 – CAN A NURSING HOME ADMIT ANY INDIVIDUALS WHO THEY NORMALLY WOULD ADMIT TO THEIR FACILITY, INCLUDING INDIVIDUALS FROM HOSPITALS WHERE A CASE OF COVID-19 WAS/IS PRESENT?

Yes. CMS [memorandum QSO-20-14-NH](#) states that nursing homes should admit individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room). (04/06/20)

LTC 3 – IF TWO OR MORE CERTIFIED LONG-TERM CARE FACILITIES WANT TO TRANSFER OR DISCHARGE RESIDENTS BETWEEN THEMSELVES FOR THE PURPOSES OF COHORTING, WHAT APPROVALS ARE NECESSARY TO DO SO?

No additional approval is necessary. Each certified facility bills Medicare for the residents in their facility. See [QSO 20-25](#). (04/14/20)

LTC 4 – IF A CERTIFIED LONG-TERM CARE FACILITY WOULD LIKE TO TRANSFER OR DISCHARGE RESIDENTS TO A NON-CERTIFIED LOCATION FOR THE PURPOSES OF COHORTING, WHAT APPROVALS ARE NECESSARY?

The long-term care facility should contact the State agency (Department of Inspections and Appeals) and the State Fire Marshal's Office for approval by both agencies. See the physical environment information in State Waivers section for Long-Term Care Facilities in the [DIA Waivers document](#). (04/14/20)

LTC 5 – WHAT ARE THE OPTIONS AVAILABLE FOR VISITATION IN A NURSING HOME WHEN THE NURSING HOME DOES NOT HAVE ENOUGH ADAPTIVE COMMUNICATIVE TECHNOLOGIES TO ALLOW ALL RESIDENTS TO HAVE ASSISTED VISITS VIA TECHNOLOGY?

CMS has made available a special expedited funding opportunity to enable nursing homes to purchase adaptive communicative technologies (e.g. iPads, speaker phones, tablet computers, etc.). See the linked documents for detailed information. (04/30/20)

Assisted Living

ALP 1 – WILL THE NEW AND REVISED RULES IN CHAPTERS 67 AND 69 STILL NEED TO BE IMPLEMENTED ON APRIL 15?

No. The implementation of the new rules has been delayed until Sept. 1, 2020. (04/14/20)

ALP 2 – CAN AN RN IN AN ASSISTED LIVING FACILITY DRAW BLOOD FOR TESTING IN A LAB?

Yes, this is within an RN's scope of practice and is not considered a skilled nursing activity. (04/14/20)